MDR: M4-02-1819-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

#### I. DISPUTE

- 1. a. Whether there should be additional reimbursement of \$9,600.00 for dates of service 10/29/01 through 11/12/01.
  - b. The request was received on 01/24/02.

## II. EXHIBITS

- 1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Reimbursement data
  - e. Medical Records
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
- 3. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

# III. PARTIES' POSITIONS

- 1. Requestor:
  - a. There is not a letter in the dispute packet Requesting Dispute Resolution.

## IV. FINDINGS

- 1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 10/29/01 extending through 11/12/01.
- 2. The carrier's EOB denial submitted is "M-REIMBURSED PER THE INSURANCE CARRIERS FAIR AND REASONABLE ALLOWANCE."
- 3. The following table identifies the disputed services and Medical Review Division's rationale:

MDR: M4-02-1819-01

DOS	CPT	BILLED	PAID	EOB	MAR\$	REFERENCE	RATIONALE:
	CODE			Denial Code(s)			
10/29/01	97799-	\$1,600.00	\$640.00	M	DOP	TWCC Act &	The provider has included in their dispute packet,
10/30/01	CP-AP (8.0 units) \$1,600.00 (8.0 units)	\$640.00	M	\$175.00 (per hour)	Rules Sec. 413.011	documentation (EOBs from other carriers) that provides some evidence of "fair and reasonable"	
10/3101		\$1,600.00 (8.0 units)	\$640.00	M		(d), Rules 133.304 (i) &	reimbursement per Sec. 413.011 (d). The provider is a non- CARF accredited facility.
11/01/01		\$1,500.00 (7.5 units)	\$640.00	M		133.305 (i) MFG;MGR	The provider billed in accordance with the
11/05/01		\$1,600.00 (6.0 units)	\$640.00	M		(II)(C)(G)	referenced Rule and medical documentation indicates that the services were rendered.
11/06/01		\$1,400.00 (7.0 units)	\$640.00	M			Regardless of the carrier's lack of methodology
11/07/01		\$1,500.00 (7.5 units)	\$640.00	M			and response, the burden remains on the provider
11/08/01		\$1,200.00 (6.0 units)	\$640.00	M			to show that the amount of reimbursement requested is fair and reasonable. The carrier has
11/09/01		\$1,600.00 (8.0 units)	\$640.00	M			not submitted any evidence or methodology it
11/12/01		\$1,600.00 (8.0 units)	\$640.00	М			used to determine fair and reasonable reimbursement. In light of recent SOAH decisions, where providers have submitted EOBs for fair and reasonable, SOAH has placed minimal value on EOBs for documenting fair and reasonable. The willingness of some carriers to reimburse at or near the billed amount is fair and reasonable and does not show how effective medical cost control is achieved, a criteria identified in Sec. 413.011 (d) of the Texas Labor Code.  Therefore, additional reimbursement is not recommended.
Totals		\$15,200.00	\$6,400.00			1	The Requestor <b>is not</b> entitled to additional reimbursement.

The above Findings and Decision are hereby issued this  $3^{rd}$  day of July 2002.

Michael Bucklin, LVN Medical Dispute Resolution Officer Medical Review Division

# MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.